



RUTHERFORD COUNTY ELECTION COMMISSION

1 PUBLIC SQUARE, SOUTH, SUITE 103
MURFREESBORO, TENNESSEE 37130-8001



ABSENTEE BALLOT REQUEST FOR ABSENTEE BALLOT BY MAIL

1. Print Last Name: _____ First Name: _____ Middle Initial: _____
2. Residential Address on Voter Registration: _____
3. Mail My Absentee Ballot to the Following Address: _____
4. Social Security Number: _____
5. Date of Birth: _____
6. Choose the Election in Which You Plan to Vote:
- ☐ PRIMARY (specify ONE party):
- ☐ Republican ☐ Democrat
- ☐ GENERAL
- ☐ OTHER: _____
7. My Legal Reason for Voting Absentee Is (Please Check ONE):
- ☐ I am a caretaker of a hospitalized, ill or disabled person.
- ☐ I am a voter with a disability whose polling place is inaccessible.
- ☐ I will be serving on jury duty in state or federal court.
- ☐ I am sixty (60) years of age or older.
- ☐ I am on the permanent absentee voting register.
- ☐ I will be serving as an election official or a member or employee of the election commission on election day.
- ☐ I cannot appear during the early voting period or at my polling place because I will be observing a religious holiday.
- ☐ I will be outside the county in which I am registered during the early voting period and on election day during all hours the polls are open.
- ☐ I am enrolled as a full-time student (or I am the spouse of a student) at _____, which is *inside* Tennessee and *outside* the county where I am registered.
- ☐ I am a candidate for office in the election for which I am applying to vote absentee by mail.
- ☐ I am hospitalized, ill, or physically disabled and because of such condition, I am unable to appear at my polling place for this election.
- ☐ I am a member of the military, or I am a family member to a member of the military or I am an overseas citizen and otherwise qualified to vote in Tennessee.
- Ballot to be sent:**
- ☐ By Mail
- ☐ Electronically (list e-mail address): _____
- ☐ I have a Commercial Drivers License and will be out of the county during the open hours of early voting and election day, and have no specific out-of-county or out-of-state address to receive mail during this time.
- My CDL Number:** _____

Therefore, I apply to vote absentee by mail in the election(s) checked above. I declare that I reside at the above address; I ☐ have not ☐ have changed my address since the last election in which I voted; I am a registered voter of the county; and I desire to vote by mail. I also declare that I have not previously voted in this election, nor will I attempt to vote at my polling place on election day.

NOTICE: A PERSON WHO APPLIES TO VOTE ABSENTEE BY MAIL WHO IS NOT ENTITLED TO DO SO COMMITS A FELONY PUNISHABLE BY NOT LESS THAN TWO (2) YEARS NOR MORE THAN TWELVE (12) YEARS IMPRISONMENT OR A FINE OF \$5,000 OR BOTH.

I, the undersigned, under the penalty of perjury, do swear or affirm that the information contained in this document is true and correct to the best of my knowledge.

Signature of Voter: _____ Date: _____

Assistance Information (Required if voter cannot sign, make a mark, or if assistance is given):

Signature of Person Assisting: _____ Print Name: _____

Address of Person Assisting: _____ Date: _____

Signature of Witness: _____ Print Name: _____

Address of Person Assisting: _____ Date: _____

Office Use Only

☐ Approved: the signatures above have been compared with the permanent registration records and ☐ ARE / ☐ ARE NOT the same.

☐ Rejected because: _____ Date: _____

Ballot Number(s): _____ Registrar or Deputy's Signature: _____